

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

NOV 18 1937

1. PLACE OF DEATH

County Jackson
Township Harv
City Kansas City (No. 399)

Registration District No. 399
Primary Registration District No. 1002
(No. Genl Hosp. No. 2)

File No. 36672
Registered No. 36672
St. Mo. Ward 1

2. FULL NAME

(a) Residence, No. 1209 Enclid St., Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 22 1904</u>		
7. AGE <u>47</u>	YEARS <u>33</u>	MONTHS <u>6</u>
	DAYS <u>13</u>	If LESS than 1 day, hrs. min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. <u>Porter</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Garland City Ark.</u>		
MOTHER FATHER	13. NAME <u>Silas Thomas</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Uniontown</u>	
	15. MAIDEN NAME <u>Catharine Fuller</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Garland City Ark.</u>	
17. INFORMANT (ADDRESS) <u>Josephine Spencer, friend</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Blue Ridge</u> DATE <u>10-12-37</u>		
19. UNDERTAKER (ADDRESS) <u>Adkins Bros.</u>		
20. FILED <u>Oct 12, 1937</u> <u>7701 17</u> <u>Exome</u>		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-5-37, 19

22. I HEREBY CERTIFY, That I attended deceased from 10-5-37 to 10-5-37, 19

I last saw him 10-5-37 at City of Coronado, 19

to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:
Pulmonary Fracture
Fracture of rib
(Pedestrian)
210 M

Date of onset

Other contributory causes of importance:

Name of operation Debr Date of 10-5-37

What test confirmed diagnosis Debr Was there an autopsy Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide Accident Date of injury 9-13-37

Where did injury occur? 12 W. Park 1st E. Mo
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Blot by hit + Run driver

Nature of injury Fracture

24. Was disease or injury in any way related to occupation of deceased?
If so, specify Yes

(Signed) Russell W. Smith, M. D.
(Address) 4000

